V. S. No. 1

of OCCUPA-

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	108
CountyKent	Registration Dist. No. 302
testy testy (	No. Kend + Chean anna Horpes(al Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mc	os,ds How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Walter &	Dantum
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Nucle 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Bankin	22. I HEREBY CERTIFY. That I attended deceased from  1937, to 15, 1937.
6. DATE OF BIRTH (month, day, and year) Not. 19 1879	I last saw h_im_alive on
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 2.429 m.
57 3 28 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Empyona 1-5-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 35 4	
12. BIRTHPLACE (city or town) Ballimany (State or country) Many Land	Other Contributory Causes of importance:
13. NAME Unlesson	
14. BIRTHPLACE (city or town) (State or country)	Name of operation I hora cotony Date of 2-10-37 What test confirmed diagnosis? I horacentesis was there an autopsy? ho
40.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME ( all Market 15. MAIDEN NAME ( state or country )	Accident, suicide, or homicide?
17. INFORMANT Jarafe & Bantim Manland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Such show Line, Date Wed 2/17, 19-32	Manner of Injury
19. UNDERTAKER Mayin L. Williame Manyland.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb 17, 1937 N-J. Hickory	(Signed) Robert W. Far M. D.  (Address) Chester Lown, M. d.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Fa .	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 mar 2 1981	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		·		

V. S. No. 1

STATE OF	MARYL	AND-CERT	IFICATE	OF	DEATH
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1. PLACE OF DEATH	E a
County Sent	Registration Dist. No. 202
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. di
D D	us. now long in 0.3.11 of loreign bifth?yrsnosd
(a) Residence: No. 4/1 Calcut St. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WHOWED, OR DIVORCED (write the word) Warned	21. DATE OF DEATH 4.6. 26 4 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Lattic Virginia Bandle  6. DATE OF BIRTH (month, day, end year)  Mulesman 1886	22. The FEBY CERTIFY. That is attended deceased from 1937, to Selv. 26, 1937  1 last saw harm, alive on Tree. 26, 1937; death is say
7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end.	(137
12. BIRTHPLACE (city or town)  (Stete or country)  12. BIRTHPLACE (city or town)  (Stete or country)	Other Contributory Causes of importance:
W 13. NAME Gran Barrell	
13. NAME Junga Bandle  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Eddity)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Caroline Letton  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT Sattly Barrell (hurje)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Shoulderson Ann. Date 2/28 1937	Manner of injury
19. UNDERTAKER SERVICE AND Date 0-128 19.37.  19. UNDERTAKER SERVICE AND SERVI	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILE Jel 28 -, 1937 UN J Streks Registrar.	(Signed) Dr. War. Whichmond M.M.  (Address) Chestertown Aldr.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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Example I	Įį.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. ALY, WITH -WRITE PLA V. S. No. 1

L. PLACE OF DEATH	92,00
County / Kent	Registration Dist. No. 200
Village or City Surofrus	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME WHEEL 11. CM	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town end State
PERSONAL AND STATISTICAL PARTICULAR	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIE OR DIVORCED (agrice th	
If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, that I attended decased fro
	Jan 20 ,1937, to Fel 25 ,1937
DATE OF BIRTH (month, day, and year) Dec . 3, 1867	I last saw h. equalive on Fig. 26, 1937; death is sai
1.1	SS than to have occurred on the date stated above, atm.
7.9   I day,	
8. Treda, profession, or perticular kind of work dona as SPINNER	, Chronic Mysearchites 1-20
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	metal insufficiency 1-20
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date daceased last worked at this occupation (month end year)	
l. and	Other Contributory Causes of importance:
(State or country)	Coronary Condocus 2-21
13. NAME Chamela Christy	
13. NAME Transcription	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME augustia / Cels	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did Injury occur?
INFORMANT Time Christy Single	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Sursoftus, MA	
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sanafalo Date Take 28	, 19 Nature of Injury Nature
UNDERTAKER Sand to Moore (Address) mullham Ber	24. Was disaase or injury in any wey related to occupation of deceased?
FILED Mar, 3, 1937 Geo. P. Jones	(Signed) a. R. Curchly M.  (Address) Madelli Company
	Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago BUREAU V. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEWTH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B. WRITE PLAKLY, WITH

1. PLACE OF DEATH	93-6	1000
	Registration Dist, No. St.,  St.,  If death occurred in hospital or institution, give its NAME instead of street and os.  ds. How long in U.S. if of foreign birth?	Wai number)
2. FULL NAME () trank love (a) Residence: No. (Caual place of abode)	If U.S. Veteran specify WAR.  Licolary RR  If nonresident give city or town an	***************
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SIX 4. COLOR OR RACE 5. SINGLE; MARRIED, WIDOWED; OR DIVORCED (write the word)	21. DATE OF DEATH February 24	-, 193 7
Sa. If merried, widowed or divorced HUSBAND of (or) WIFE of Curve Q Crow.	22. 1 HEREBY CERTIFY, That I attended	d deceased fro
5. DATE OF BIRTH (month, day, and yeer) Sept 24 18 72.  7. AGE. Yeers Months Deys If LESS then I dey,hrs	to heve occurred on the dete steted above, atm.	Z_; deeth Is se
Frade profession or particular	Branchest letting mit	Date of ons
SAWYER, BOOKKEPER, atc	Bronstonlie	
2. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of importence:	less
13. NAME Charles H. Crow.  14. BIRTHPLACE (city or town) A	Nema of operation Date of	77 56
Giete of country, Clark July Your	Whet test confirmed diegnosis?	au'opsy?
15. MAIDEN NAME Sallie Spirver  16. BIRTHPLACE (city or town) (Stete or country)  MANGE SALLIE Spirver  (Stete or country)	23. If death was dua to external causas (VIOLENCE) fill in elso the followir Accident, suicide, or homicida? Dete of injury Where did injury occur? (Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	, 19
7. INFORMANT Ara climie crow.  (Address) Chestertown # 3.  8. BURIAL, CREMATION, OR REMOVAL  Piece Custu Compley Date 2/26, 1937	Manner of injury	
9. UNDERTAKER Robbith Heliton (Address) Children me	24. Was disease or injury in any wey related to occupetion ducceased?  If so, specify	
0. FILED 2/26, 1937 W. J. Hicks Registrar.	(Signed) And Wheelth	М.

CTATE OF MADVIAND

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage WAR 2 100	July 5, 1927	Perilonitis	3 days ago
L CLASSIL V	S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING 回 INK-THIS RESERVED should MARGIN

V. S. No.

should state OCCUPA-Every item of infor 1. PLACE OF DEATH County Registration Dist. Village or City Rock # all (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred... statement Mary Ellen 2. FULL NAME A PERMANENT RECORD. (a) Residence: No. Exact PERSONAL AND STATISTICAL PART 4. COLOR OR RACE 3. SEX 5. SINGLE, MA OR DIVORC Ru classified 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of William Elbury certificate. 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Days Months 5 21 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... See instructions on back 10. Date deceased lest worked at this occupation (month and 11. Total that 12. BIRTHPLACE (city or town) (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) .... (State or country) mation should be carefully MOTHER TION is very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town)\_\_\_\_\_ (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE 19. UNDERTAKER (Address)

M abode)	St., Ward.  If nonresident give city or town and State
ICULARS	MEDICAL CERTIFICATE OF DEATH
RRIED, WIDOWED, D (write the word) arrice(	21. DATE OF DEATH  Febr. 19 (Month) (Day) (Year)
/8 8 3  If LESS than 1 day,hrs. ormin.	22. I HEREBY CERTIFY. That I attended deceased from Pels 4 ,1957, to Fuls 19 ,1937.  I lest saw h. 22. alive on Fuls 18 ,1937; death is said to have occurred on the date stated above, at 7.30 Fm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  Actuate  **Control of the control of th
ime (years) nt in this upation	Other Contributory Causes of Importance:  Julianum Angelow  The Contributory Causes of Importance:
2-7	Name of operation
	What test confirmed diagnosis? Wes there an autopsy?
unger.	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
124, 1932	Manner of injury
Durding Registrar,	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Rock # all husa

If more blanks are needed

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V, S. I.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	=	eft	ii.	
	HTE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of i	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	ISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	N to the first of
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	LA	plu	D	-
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	5	S	F	
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DE Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. yrs \_\_\_\_\_mos \_\_\_\_ds. How long In U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos \_\_\_\_ds. 2. FULL NAME (a) Residence: Np. (Usual place of abode) If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) mico 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS then Months Days to have occurred on the date stated above, et\_\_\_\_\_ 1 day ...\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows: Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ..... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) ..... (State or country) Whet test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ..... Date of injury 19 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. 17. INFDRMANT .. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes Date of onse of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	ses Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nept	prilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 5 1837	July 5,1927	Peritonitis	3 days ago
	SURFAU V. S.			
Other contributory ca			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	•			

stated EXACTLY. PHYSICIANS should state B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important.

S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-00
County Keut	Registration Dist. No. 20c
Village or City Rock Hall	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Herman Edward Jacob	
(a) Residence: No. Beubeich	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) William Courted William Courted	21. DATE OF DEATH  Felt, 9, 193 7.  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of himmie Lacob	22. I HEREBY CERTIFY. That I attended deceased from Febr (a 1937 to Febr 9 1937)
6. DATE OF BIRTH (month, day, end year) Oct 30 1856	I last saw h Lu elive on Ful 8 , 1937; deeth is said
7. AGE Years Months Days If LESS then	to heve occurred on the dete stated above, et 4.50 P.m.
80 3 10, 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Browle Ineumonia Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (months and	chron Eudo- hyocar-
10. Date deceased last worked et this occupation (month end yeer)  11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Gemeany	Other Contributory Causes of importance:
(State or country)	thron anteritis
13. NAME hot known	
13. NAME ROLL KUUTS  14. BIRTHPLACE (city or town) 2657 Kuuts (Stete or country)	Name of operation Date of Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME not Known	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT drughter Mrss St. Kendall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMODAL Place TO SALT MAKEL Date FULL 11, 1837	Menner of Injury
19. UNDERTAKER AM. H. Horo (Address)	24. Was disease or Injury In eny wey releted to occupation of deceased?
20. FILED Feb. 1. 1937 Mrs. 7. B. Direding,	(Signed) Albert G. Burgard M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial newhritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Lab A 1 Gallstones Gastroenteritis May 1.1923 1 year

STATE OF MARYLAND—CERTIFICA	TE OF DEATH	. 1869
DEATH		

1. PLACE O	F DEATH			® 1000
County Kent				Registration Dist. No. 200
Village or (	City Millington			
Length of res	sidence in city or town where	death occurred	(]( yrsmos	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NA	ME		Jones	
	nce: No.	••		St. Ward.
		(Usual place		If nonresident give city or town and State
	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX female	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  February 18 (Par) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced			22. J. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH	(month, day, and year)	eb. 18,	1937	
7. AGE Yes	ars Months	Days	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profe	ession, or particular work done, as SPINNER, R. BOOKKEEPER, etc.		1 01-2	Date of onset
9. Industry or work wa	business in which as done, as SILK MILL, LL, BANK, etc.		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Frenchis Buth
- 1113 0000	sed lest worked at upation (month and	spe	ime (years) nt in this upation	
12. BIRTHPLACE (city or town) Millington (Stete or country)				Other Coutributory Causes of importance:
	Frank Jones			
14. BIRTHPLACE	E (city or town) Mar	yland		Name of operation
15. MAIDEN NA	AME Ada Come	1 fond		What test confirmed diegnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Ada Comelfond  16. BIRTHPLACE (city or town) Maryland (State or country)			Accident, sulcide, or homlolde?, Date of injury, 19	
17. INFORMANT (Address)	county)			Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	TION, OR REMOVAL			Manner of injury
Plece		Date	, 19	Neture of injury
19. UNDERTAKER (Address)		•••••		24. Was disease or injury In any way related to occupation of deceased?
20. FILED.	ISTRAR NO 200	DATE 3/21	27 Registrar.	(Signed) M. D. (Address) MacCaploi
			address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of paset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis 1 week ago 1921 Run over by street car Chronic interstitial nephritis Peritonitis 3 days ago July 5.1927 Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS BY PHYSICIAN	
	The Hard	
	100	
	A	

V. S. No. 1

STATE C	OF MARY	LAND-CER	TIFICATE	OF	DEATI
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1. PLACE OF DEATH	
County Sleuf	Registration Dist, No.
Village or City tredrick bear and	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
000.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME COURSE Vigue force	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	5-20- 193.7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2 2 0 1936	19 to Fish 2/01/19 3 7 1 last saw h 1 alive on Fish 2 1 at 193 7; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 A m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were es tollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	Barb's message
A Trade, profession, or particular to the control of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed last worked at this occupation (month end	
SAW MILL, BANK, etc.	
- Chis occupation (month and spentin this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
	thoping ough.
13. NAME ## 14. BIRTHPLACE (city or town) Cill Find	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
7 11	Whet test confirmed diagnosis? Was there en eutopsy?
E inottoit	23. If death was due to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
17. INFORMANT Harry Jones	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Credicktown wo	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Standle 4d Date Felt, 193/	Nature of injury
19. UNDERTAKER SKCrellows	24. Wes disease or injury in any way releted to occupetion of deceased?
(Aptress) Still South mid	If so, specify
20. FILED They 22 19 37	(Signed) M. D.
Registrar.	(Address) Still Tond
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example			Example II	
The principal cause of death and related tauses pare of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAR 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURFAU V. 8.	July 5,1927	Peritonitis	3 days ago
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR FURTHER STATEMEN	NTS BY PHYSICIAN
filed 6/120/36	have date	I birth see birth cest.

IANGIN RESERVED FOR BINDING	S A PERMANEN	tated EXACTL	roperly classified.
י ק	IIS	be s	be p
a varac	NK-TF	plnods	it may
4	NG I	AGE	that
INDUIN	UNFADI	upplied.	terms, so
D	WITH	fully s	n plain
	WRITE-PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN'	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should N. B. WRITE PLA

V. S. No. 1

Exact statement of OCCUPA-

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	H6-D Smith
	County Kent	Registration Dist. No. 202
di	Willage or city Chelleshown	No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME alice tray tuns	LY If U. S. Veteran, specify WAR
	(a) Residence: No.	Øt., Ward.
1000	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
-	PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
-	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha world)	Ct Ste 5
-	maries	(Month) (Day) (Year)
38	HUSBAND of Cory WIFE of	22. / I HEREBY CERTIFY That I attended decaased from
-	(o) med creating	Alc 14 , 1926, to 7 el - 3 , 19 31
6.	DATE OF BIRTH (month, day, and year) May 17 1881	I last saw h alive on 19 ; daath is said
7.	AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5 13 ght 11
_	55 9 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
Z	8. Trade, profassion, or particular kind of work done, as SPINNER,	
TION	SAWYER, BDDKKEEPER, etc.	
OCCUPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(933
S	10. Date deceased last worked at 11. Total time (years)	Clecurome of Glelina!
0	this occupation (month and spent in this occupation	
1	2. BIRTHPLACE (city or town) / Lent Co	Other Cantributory Causes of importance:
1	(State or country) maryland	
ER	13. NAME - Milliam Bigger	
FATH	14. BIRTHPLACE (city or town)	Name of operation Date of
F	(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NAMELY against oulson	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
MOTH	16, BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Dete of injury, 19
X	(State or country)	Whare did injury occur?(Specify city or town, county and State)
13	7. INFORMANT Pld Kinger (Address) Philoterly min	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	B. BURIAL, CREMATION, OF REMOVAL	Manner of injury
	Place Chester Cem Data Tel 7, 19 3	Neture of injury
14	9. UNDERTAKER (19) (EUtellows	24. Was disease or injury in any way related to occupation of dacaasad?
43	(Address) Itall out come	If so, specify
21	of FILED Fet 6 1937 W.J. Kick	(Signat) / 22 uff ( fruit M. C
-	Registrar.	(Addrass) Chestesta wa

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis WAR 2 07	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

properly classified.

certificate.

See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(3)
County	Registration Dist. No. 202
Village or City Jr. Worton	No. Morton R. B. St., Ward
	death occurred if a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
011111	
2. FULL NAME Vachel Street found	If U. S. Veteran, specify WAR
(a) Residence: No. Abden (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write they word) Widowald	21. DATE OF DEATH 36 24 , 193 (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO OF (or) WIFE OF Late Church Lond	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sunt / 187/	I Just saw h. 2 aliva on TEG 24, 19.3 9 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7 - m.
65 3 24 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Tugua Tectores Oatestonsel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Manually	1/1 1/24
9. Industry or business in which work was dona, as SILK MILL,	Corous bour bour
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	
this occupation (month and spent in this occupation yaar)	
26 Process	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Astra Octosias ha
13. NAME John. Carel blues me-	10 krows Westortis
14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country) Hunt Co. Manyland	What test confirmed diagnosis?
15. MAIOEN NAME Anna C Ball  16. BIRTHPLACE (city or town)	23. If death was due to axtarnal causes (VIOL ENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Data of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Mer Orbut Lond, (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Shululann Oate 2/24/ 1937	Nature of injury
19. UNDERTAKER Affangay by Nilliams	24. Was disease or injury in any way related to occupation of daceased?
(Address) Austrian md 1/	If so, specify
20. FILEO Let 25, 1937 N.J. / Lickes	(Signed) M.D.
Registrar.	(Address) loss to the transfer of the transfer

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: 2 of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1873
1. PLACE OF DEATH	- Harris	
County Rest	Registration Dist. No. 20	×
Village or City Butlestown War	thou RR mad St.	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and	l number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Johns Cedward Mi	annely U. S. Veteran, specify WAR	
(a) Residence: No. Dutletown	St.,Ward.	.,
(Usual place of abode)	If nonresident give city or town ar	id State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rupite the word)	21. DATE OF DEATH Tehruses 8	102 1
male Ool. married	(Month) (Day)	(Year)
5a. If married, widowed, or divorged HUSBAND of	22. 9 I HEREBY CERTIFY That I attende	d deceased from
(or) WIFE of Olara Johnson.	Tel. 3rd 193 1 Feb. 8	1963 ל
6. DATE OF BIRTH (month, day, end year) Lie 25 1867	I last saw h 4 alive on 7-0-18 193)	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 80 m.	
19 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were as follows:	Date of onset
kind of work done, as SPINNER, Musicatus	Influence memoria	126.2/2
V. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc		
11. Total time (years) this occupation (month and fam 37 spent in this		
year) occupation occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)		1
(State or country)	Went Moendelis	Jes. 74
13. NAME George Grannel		
14. BIRTHPLACE (city or town)	Name of operation Dete of.	
(State of Edulity) Little County	What test confirmed diagnosis? Wes there ar	autopsy?
15. MAIDEN NAME Grace Rolley.	23. If death was due to externel causes (VIOLENCE) fill in also the followi	ng:
15. MAIDEN NAME Stace Cholley.	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) Stockton and.	Where did injury occur?	
17. INFORMANT Clara Granuel	(Specify city or town, county and S Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC §	PLACE.
(Address) Horlow R Oc. Ind.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Bullulam Kim Date 2/13 , 1937	Nature of Injury	
19. UNDERTAKER Manny la Williams	24. Wes disease or injury in any wey related to occupation of deceased?	
(Address) Christisform Mangland	If so, specify	
20. FILED Feb /1 1937 7.J. Street	(Signed) Tryphel fruitt	60
Registrar.	(Address) Ollslulona	144

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AR 2 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	^		

V.S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	74
1. PLACE OF DEATH	(94a) 10	1 32
County KENT COUNTY N	ARYLAND Registration Dist. No. 204	
Village or City ROCK HALL MARYLA	NDNo. St.	Ward
Length of residence in city or town where deeth occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and numb	
0	/ N If U.S. Veteran specify WAR	
(a) Residence: No. Rock HALL MD. KENTO (Usual place of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) WHITE  4. COLOR OR RACE OR DIVORCED (write the word) WIDOWED	21. DATE OF DEATH (Month) (Dey)	3.7 (Yeer)
53. If merried, widowed, or diversed HUSBAND of MARY MCCASLIN  (co) WIFE OF MARY MCCASLIN	22. I HEREBY CERTIFY, Thet I attended dece	
6. DATE OF BIRTH (month, dey, and year) UNE 9. 1862	, 19, to	
7. AGE Yaars Months Days If LESS then	to have occurred on the dete steted above, at 10-10P-m.	011113010
74 <b>8</b> 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:	
8. Trada, profession, or particular	Da Da	ite of onset
kind of work done, as SPINNER, PREACHER	sudden.	
9. Industry or business in which work was done, as SILK MILL,	(A) 4	at 2
SAW MILL, BANK, etc	angena telous	/3/
this occupation (month and FB).14 spent in this year) 1937 spent in this occupation 46	Other Coutributary Causes of importance:	
12. BIRTHPLACE (city or town) BALTIMORE COUNTY  (Stete or country) MARYLAND		
13. NAME JASHAN MCCASLIN	Corner There has	46/11/27
Daltana	- Contraction of the contraction	/3/
(Stete or country) $ARYLAADD$	Name of operation Data of	
15. MAIDEN NAME HANNAH REESE	What test confirmed diagnosis? Wes there an autop	sy?
	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?	10
16. BIRTHPLACE (city or town) BALTIMORE CO.  (State or country) MARYLAND	Where did injury occur?	, 19
FISMORTH MC CASLIN	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address) 600 TUNBRIDGE R. BALT. M		
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place HARPERS YE" Dete FEB. 18 ,1937	Nature of injury	
19. UNDERTAKER W. 18. Sood. (Address) Church Kill, Md.	24. Was disease or injury in any way releted to occupation of deceased?	
20. FILED Felt 17, 1937 F. Dr. Swith Registrar.	(Signed) Frances Struth Co	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
I MIRECULA V. C.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DCOPPA-	f certificate.
-WRITE PLAINLY, WITH UNFADING INK-TH	mation should be carefully supplied. AGE should h	CAUSE OF DEATH in plain terms, so that it may h	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1875
1. PLACE OF DEATH	
County / / //	Registration Dist. No. 202
Village or City Chrefulin .	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lauren a h m Parso	us If U. S. Veteran, specify WAR
(a) Residence: No. 317 Charles Sarland	St., Ward. (1) M. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Lane Parsons.	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Jupt 15. 1910	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
26 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were actiollows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc.	Homicide by firearms, cwg. R.
9. ledustry or business in which work was done, as SILK MILL,	Regult arm Right
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  11. Total time (years) spent in this occupation year)	Shigh and of else
year) Jac. 137 occupation 449	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	f f
(State or country) Wilson Mi Mayland	Lordernal Klinowaga 46.24/
13. NAME / Carenn. /	Name of operation Date of
(State or country) William and	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Ida /January,	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ida /January,  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Homicidels. Date of Injury 20 20 1937.
E (State or country) Wrom le md,	Where did injury occur? . Chestulaton
17. INFORMANT (Aug. Parens (Wyfr)) (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Leslie Tulleto
Place Par-sure Date Vel-26, 1937	Nature of injury As show
Wolferray Phanging by Williams	24. Was disease or injury in any way related to occupation of deceased?
(alis(Address) thislistan Maryland	If so, specify
20. FILED Fet 2 4, 19.3 7 VV J. Keeks Registrat.	(Signed) Sunta Corras MA. (Address) Cleanteron Ma Kent D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH
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1876

1. PLACE OF DEATH	THE THE STATE OF BEATTI
County 12eut	Registration Dist. No.
Village or City Was Betterlow	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME / Imon Maywell	WWW. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH FOR Z 1 193 Z (Month) (Day) (Year)
5a. If married, wildowad, or divorced HUSBAND of Cor) WIFE of Butha Marwell Robins	HEREBY CERTIFY That I attended deceased from  Figh 174, 1937, to 5166 214, 1937
6. DATE OF BIRTH (month, day, and year)	I last saw h 3 A aliva on 7 26 2 19 2 7; death is said
7. AGE Yaars Montes Days If LESS than	to have occurred on the date stated above, at & am,
3 6 27. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profassion, or particular kind of work done, as SPINNER,	A-1
SAWYER, BOOKKEEPER, etc.	Brondual /remonia
9. Vodustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Doubley
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 iodustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  occupation	
12. BIRTHPLACE (city or town) Still Condition (State or country)	Othar Contributory Causes of importance:
E 13. NAME Lotre It Robinson	- San Fragrand
13. NAME Soft W Robinson  14. BIRTHPLACE (city or town) Dary Law &	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Septime to Mayeld	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 2 Sha m tolimber (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR TEMOVAL	Manner of injury
Placa Succe 14 24, 1937	Nature of Injury
19. UNDERTAKER BRESLOWS	24. Was disaase or injury In any way related to occupation of decaased?
(Address) Ltol	If so, specify
20. FILED THEM, 1937 J. J. Celand.	(Signed) M. D.  (Address) Shirl Port

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
My Maria	2	N	
Other contributory causes of importance:		Other contributory causes of importance:	1944
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

-WRITE PL

V. S. No. 1

See instructions on back of certificate.

very important.

TION CAUSE

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10/1
County / Cou	Registration Dist. No. 202
Village or City Loha (III	NoSt, Ward  death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Margantes of Sh	gath le st. Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
5a. if married, widowed, or divorced HUSBANO of James 31. Sheatly	(Month) / (Day) (Ygar)
(or) WIFE of Wedow	22. I HEREBY CERTIFY. That I attended deceased from 19.2, to Film 20. 19.3.
6. DATE OF BIRTH (month, day, and year) Subt. 6/85/	I lest saw hely alive on Chy 2 2 1939; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 hm.
85 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	- Primary Cause: Cerebral Genevihage
kind of work done, as SPINNER, None	Duration five thouse Carlot
9. Industry or business in which work wes done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this operation (month and deceased last worked)  11. Total time (years)	1 Conalyses
this occupation (month and language) spent in this occupation	History gives by Taxa Sutton, Supta of Next County.
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance: Home. Don whaland died in may.
(State or country) 20 a to 200	Hamb Trulen
II 13. NAME Louis Reser	
14. BIRTHPLACE (city or town) / Control	Name of operation. 216 Date of
(State of country)	What test confirmed diagnosis?  Was there an autopsy?
15. MAIOEN NAME PORTE COME	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND Sugar	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Charles Carelly Date 425, 1937	Neture of injury
19. UNOERTAKER Ralphit Heilla	24. Wes disease or Injury in any way related to occupation of diceesed?
(Address) Cleatering and	If so, specify
20. FILED Jet 25 1937 W.J. Sticks	(Signed) Ohad M. D. M. D.
Registrar.	(Address) 6 2 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE (	OF MARTLAND—	CERTIFICAT	DEATH	1010
County Kent		700	Registration Dist. No.	202
Village of thy Charter	wit		Lucu s	St. War
Laneth of registance in city or house when			r institution, give its NAME instead of street	et and number)
Length of residence in city or town where	death occurredyrsmos		.S. if of foreign birth?yrs	d
2. FULL NAME Frank	Cannord Hunger	If U. S. Vet	teran, specify WAR	
(a) Residence: Np.	(Usual place of abode)	St., Ward.	If nonresident give city or tov	
PERSONAL AND STATIS		MEDICA	L CERTIFICATE OF DEA	
SEX Male 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEA		, 193 7
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Clare	Simpo .	22. Leb HERS	EBY CERTIFY That Latt	tended deceased fro
DATE OF BIRTH (month, day, end year)	100, 2 188h	I last saw h. alive	on Feb 2/ 1	3 2; death is sa
AGE Yeers Months	Days If LESS than	to have occurred on the dat	11 2481	
59 3	9   1 day,hrs.	The PRINCIPAL CAUSE OF were as follows:	F DEATH and related causes of importance	
& Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	Saluman	ti	in brough	P Date of onse
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc		and	a.a.	
10 Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
2. BIRTHPLACE (city or town) Check	atowa	Dther Contributory Causes of	of importance:	
1 11 1	any ward	→		
13. NAME J. W. Sump	as ·		*****	
14. BIRTHPLACE (city or town) (State or country)	· а .	The second secon	Dat	
15. MAIDEN NAME MASS. (1)	and Waring the )	K.	sis? Was the	
1-21	11		nel causes (VIOLENCE) fill in also the fo	
15. MAIDEN NAME Mary CO.  16. BIRTHPLACE (city or town) 77  (Stete or country)	<u></u>	Where did injury occur?	ide? Date of injury	, 19
7. INFORMANT Augmond	Verifus utart		(Specify city or town, county a irred in INDUSTRY, in HOME, or in PUBL	nd State) LIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL Place Charles for	Date Feb. 24 1,1937	Manner of injury		
9. UNDERTAKER ABELIE	Boll O	24. Was disease or injury in	any way related to occupation of decease	ed? Lin
(Address) Renta 0. FILED Let 24, 1937	W.J. Tricks Registrar.	(Signed)	Think	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Yel Yel			

TOTAL AND AND		
VIAAAIAMA		

Stated EXACTLY. PHYSICIAMS successful Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be AGE should be ALY, WITH B. WRITE PL.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	A (2) PM A 3
1. PLACE OF, DEATH	108)	1879
County Alexander	Registration Dist. No. 2	12
Village or City A Suttentour	No. Worlow RR St.,	Ward
Length of residence in city or town where death occurred 42 yrs 3 mos	death occurred in a horpital or institution, give its NAME instead of street and death occurred. How long in U.S. If of foreign birth?yrs	d number)
2. FULL NAME Plice & Butler W	high I.S. Veteran specify WAR.	
(a) Residence: No. Dutlestown	St., Ward.	
(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEY 4. COLOR OR RACE CTernale Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Linicipa word) Married	21. DATE OF DEATH  Selway  (Month)  Day)	3, 193.7(Year)
5a. If married, widowed, and morced HUSBAND of (or) WIFE of Carrony Whye.	22. ZI HEREBY CERTIFY, That I strends	ed deceesed from
6. DATE OF BIRTH (month, day, and year Provide 1894	I last saw head alive on Jeb. 72	7.: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	, doddii 13 3dig
42 3 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	1
8. Trade, profession, or particular kind of work done, as SPINNER, Laurent SAWYER, BOOKKEEPER, etc.		Oate ol onset
9 Industry or business in which	The L	14/1/37
SAW MILL, BANK, etc.	Trummus	
spattin this		
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) Went Co Ond.	B	1 +
	o sometico.	126/0/3)
E Company		
(State or country)	Name of operation	
15. MAIDEN NAME ARALL (R Chailles	What test confirmed diagnosis? Was there at	
15. MAIDEN NAME Many Chiller  16. BIRTHPLACE (city or town) of Butlinger	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Date of Injury	* F
State or country) Kent Co Gud	Where did Injury occur?	
17. INFORMANT Consored Office P	(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC F	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVA	Manner of Injury	
Place Bullialin Cim. Date 3/71/37,19	Nature of injury	
19. UNDERTAKER Many & Williams (Address) Chiefulosa Marsh	24. Was disease or injury in any way related to occupation of deceesed?	
20. FILED Feb. 25, 19 3 7 W.V. Irela Registrar.	(Signed Address) Chelles	M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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